Repatriation medicine

Jon Burnett exposes the medical abuse of children in the immigration detention system.

In his work on the prison medical system, Joe Sim analysed and explored the development of medical power in penal settings. As he argued, notwithstanding the fact that many individual doctors and nurses provided care to those who were imprisoned,

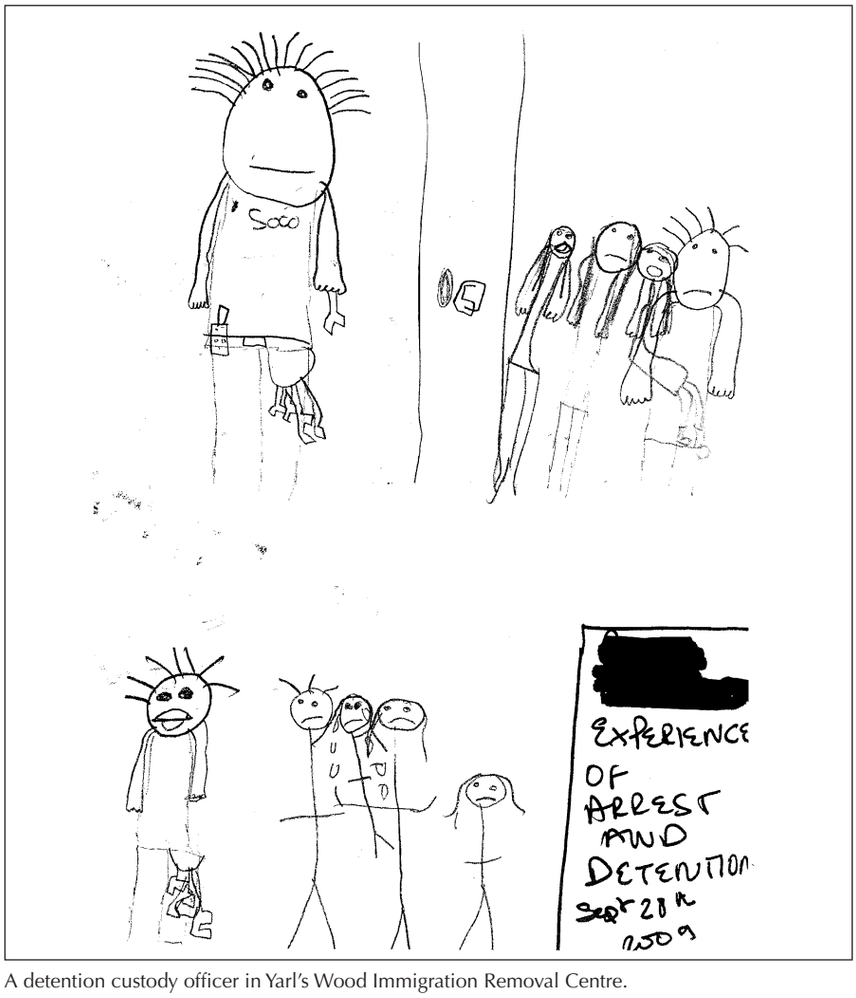
> *[T]hese benevolent concerns ... had to be set against another deeply embedded and highly influential set of discourses with their emphasis on discipline and control which not only have been ignored in official histories but which often had a dire and detrimental impact on the confined.*
> (Sim, 1996).

This very same embedded contradiction can be applied to the medical services offered in Immigration Removal Centres (IRCs) today. Clinicians within the 'detention estate', directly employed in some cases by the private companies who run IRCs, can be seen in some ways to promote the interests of their employers over and above the interests of those ostensibly in their care.

Medical Justice has investigated the cases of 141 children detained between 2004 and 2010. The investigation exposed a catalogue of damage including: children being denied medical care; the failure to immunise children prior to deportation; the administration of inappropriate and sometimes dangerous drugs; children witnessing and experiencing violence at the hands of officials working for or contracted to the British government; children developmentally regressing; and children attempting to end their own lives.

The report of the investigation (Burnett et al., 2010) detailed a failure to adequately immunise children against diseases such as malaria, tuberculosis, and yellow fever. A total of 50 children were identified who were either facing removal without being adequately protected, were administered with the wrong drugs prior to removal, or were removed without being adequately immunised. In ten cases there was evidence that children were deported without receiving adequate (or indeed any) malaria prophylaxis. Four of these children were reported to have caught malaria. The cost of a course of anti-malarial prophylaxis is relatively cheap, and generally less than £100. However, the fact that children have not been offered adequate protective measures suggests that, in some cases at least, they were worth less than the cost of immunisation. The report also documented cases of children who were HIV positive had been removed without anti-retroviral medication, and children had missed routine vaccinations (including those for measles and tuberculosis), as a result of being detained.

In a further 50 cases, distinct from those above, there were failures to provide adequate medical treatment for illnesses or medical needs which developed in, or because of, detention. One girl fractured her shoulder falling down stairs in Yarl's Wood Immigration Removal Centre and, because of an inadequate consultation with a nurse, she was not taken to a hospital for over 24 hours. In another case a boy with sickle cell disease had some of his medication discontinued. Prior to being detained he had been given open access to a specialist sickle cell



A detention custody officer in Yarl's Wood Immigration Removal Centre.

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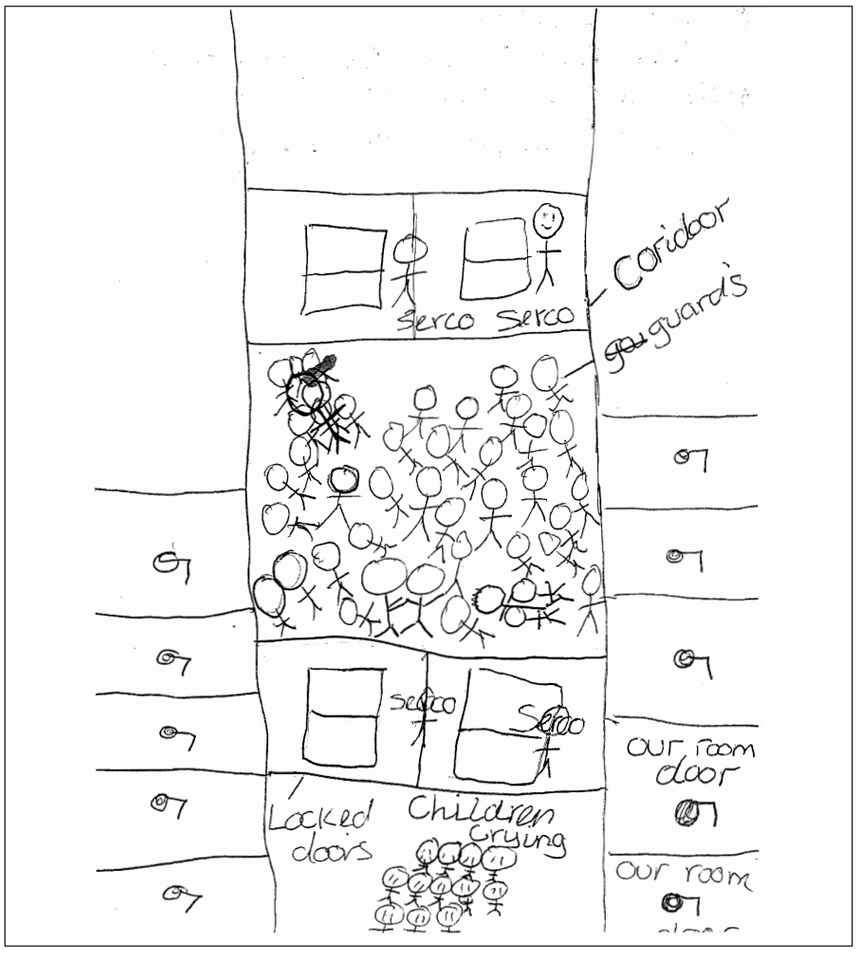
unit as he sometimes experienced severe pain. He had also been advised by doctors not to walk for more than five minutes at a time. However, in Yarl's Wood, he was made to walk a considerable distance every day to pick up the parts of his medication that he was still allowed to take. Due to the pain that he was experiencing he was unable to do so and his medication charts showed that he was only taking about half of the medication he should have been in receipt of. He began waking up in the middle of the night in agony as the pain became too much for him to bear.

These inadequacies can be understood as acts of omission: medical practitioners failing to provide adequate medical care. At the same time though the report also exposed cases in which medical experts actively provided medical 'care' that exacerbated children's health problems and, in certain cases, caused imminent danger to children. Some children were given entirely inappropriate malaria prophylaxis—known to have dangerous side effects for children below a certain weight—so as to facilitate their deportation. That is, they had removal directions set which did not allow enough time to administer what would have been an appropriate prophylaxis. Consequently, drugs which could have been administered closer to travelling, but were known to be contraindicated for children below a certain weight, were instead given. One child for example was wrongfully administered with the drug Malarone and according to his mother began developing what she called 'rough skin'. Soon after, he began coughing up blood.

In another case, a child was given drugs to sedate him in an attempt to facilitate his removal. The extent to which this practice is used is unknown, and it should be noted that this is the only case where this was reported in this study. However, as Fekete has discussed in relation to deportations throughout Europe, sedatives are used to ensure the removal of certain people who are deemed to be at risk of self harm or trauma:



Life in an immigration detention centre.

> *An immense machinery is deployed to ensure 'fitness to fly', by sending the refugee back to their native country accompanied by security personnel and doctors. Treatment with sedatives is arranged for those such as the psychologically ill or those at risk of suicide.*
> (Fekete, 2005)

Detainees themselves, it should be noted, were not simply passive recipients of the poor treatment of their children. Seven parents, for example, refused to allow their children to be given forms of malaria prophylaxis which they thought to be dangerous. In each case doctors associated with Medical Justice argued that they had made the correct clinical decision, whilst government officials or detention centre staff claimed that parents' were attempting to delay their removal.

More widely, parents engaged in coordinated protests and in some cases hunger strikes in order to draw attention to (among other things) their children's detention. Such activities, in numerous cases, were met with force. Of the 48 incidences where children witnessed violence against other detainees 21 per cent followed attempts by detainees to highlight their concerns. One child recalled the moment when a hunger strike was broken up by force, and his father was targeted by officers. As he explained:

> *I remember when my daddy was thrown to the floor and hit the radiator. There were lots of officers and they were pulling his hair and kicking him. They also kept blocking his nose and it looked like he couldn't breathe. They were shouting bad things at him and I was scared.*
> (from Burnett et al., 2010)

The coalition government pledged to end the detention of children for immigration purposes in May 2010. According to Deputy Prime Minister Nick Clegg, it represents a form of 'state-sponsored cruelty'. Yet there are signs that this political commitment is wavering. In September Immigration Minister Damien Green suggested that he intended to 'minimise' the use of detention, rather than end it (McVeigh and Taylor, 2010). At the same time, there are serious concerns that detention may continue alongside practices including dawn raids, separating families, and putting children into care.

The findings of this report indicate that, if this happens, children will continue to suffer significant psychological damage. Detaining people for immigration purposes has been described by some commentators as a form of 'psychological violence' (McCulloch and Pickering, 2009). This is a description that many of the children whose cases are featured in this report would no doubt agree with. One teenage girl, who found out that her parents were HIV positive after Detention Custody Officers (DCOs) decided to tell her, was so traumatised about her experiences in detention that after being released she tried to kill herself. She was not the only child to do so.

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As well as exposing the human damage caused by detaining children for immigration purposes though, the findings of this report also raise fundamental concerns about the role and practice of clinicians working within and for the detention estate. In turn, this warrants an examination of the extent to which the goals of immigration control, in this context, contradicts medical ethics. One doctor, employed in the detention estate, neatly encapsulated the answer: she described the clinical care of detainees as 'repatriation medicine' (Burnett et al., 2010). ■

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The illustrations in this article were drawn by children who had experienced life in an immigration detention centre.

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